

10/60/01
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10-10-01

PTO/SB/05 (2/98) A

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No. NIAD-201.3 DIV

First Inventor or Application Identifier JACOBSON et al.

Title GENES ENCODING SEVERAL POLY (ADP-RIBOSE) GLYCOHYDROLASE (PARG) ENZYMES, THE PROTEINS...

Express Mail Label No. EL649538437US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification (preferred arrangement set forth below) Total Pages 69

- Descriptive title of the Invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) Total Sheets 21

4. Oath or Declaration Total Pages 8

- Newly executed (original or copy)
- Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)

i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33 (b)

Incorporation By Reference (useable if Box 4b is checked)

5. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: 09/302,812

Prior application information: Examiner: K. Lacourciere Group / Art Unit: 1635

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or bar code label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below
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Name	Fulbright & Jaworski LLP		
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Address	666 Fifth Avenue		
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City	New York	State	New York	ZIP Code	10103
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Country	USA	Telephone	212-318-3000	Fax	212-318-3400
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Name (Print/Type)	Norman D. Hanson		Registration No. (Attorney/Agent)	30,946
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Signature			Date	10/08/01
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ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 8. Assignment Papers (cover sheet & document(s))
- 9. 37 C.F.R. §3.73(b) Statement Power of Attorney (when there is an assignee)
- 10. English Translation Document (if applicable)
- 11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- 12. Preliminary Amendment
- 13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 14. *Small Entity Statement(s) Statement filed in prior (PTO/SB/09-12) application, Status is proper and desired
- 15. Certified Copy of Priority Document(s)
- 16. Other: Check For Filing Fee

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

J1046 U.S.P.T.O.
09/973451
10/09/01

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	To be assigned
		Filing Date	Herewith
		First Named Inventor	JACOBSON et al.
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
		Attorney Docket No.	NIAD-201.3 DIV

FEE CALCULATION

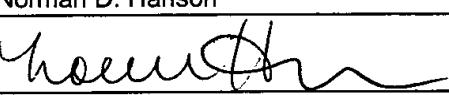
(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 370.00
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	□	N/A	\$260/130.00	—
			TOTAL FEES	\$754.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$754.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: 16/08/10	Deposit Account No. 50-0624